

REQUEST FOR PATENT FEE REFUND

10/519725

1 Date of Request: 6-14-05

2 Serial/Patent #

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing		1	12/28/05	\$ 100							
<input type="checkbox"/> Amendment				\$							
<input type="checkbox"/> Extension of Time				\$							
<input type="checkbox"/> Notice of Appeal/Appeal				\$							
<input type="checkbox"/> Petition				\$							
<input type="checkbox"/> Issue				\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$							
<input type="checkbox"/> Maintenance				\$							
<input type="checkbox"/> Assignment				\$							
<input type="checkbox"/> Other				\$							
		7 TOTAL AMOUNT OF REFUND	\$ 100								
		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/> Overpayment		Treasury Check									
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	9 <table border="1"><tr><td>0</td><td>6</td><td>--</td><td>1</td><td>0</td><td>5</td><td>0</td></tr></table>		0	6	--	1	0	5	0
0	6	--	1	0	5	0					
No Fee Due (Explanation):											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>									
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>									
OFFICE: <u>PCT</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B